

FLORIDA TRAFFIC CRASH REPORT

LONG FORM ☒ SHORT FORM ☐ UPDATE ☐
(Shaded Areas)

MAIL TO: DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
TRAFFIC CRASH RECORDS, NEIL KIRKMAN BUILDING
TALLAHASSEE, FL 32399-0537

TOTAL # OF VEHICLE SECTION(S) 4
TOTAL # OF PERSON SECTION(S) 4
TOTAL # OF NARRATIVE SECTION(S) 1

CRASH DATE 03/01/2012	TIME OF CRASH 07:49AM	DATE OF REPORT 03/01/2012	REPORTING AGENCY CASE NUMBER 12-4113	HSMV CRASH REPORT NUMBER 91686611
CRASH IDENTIFIERS				
COUNTY CODE 05	CITY CODE 52	COUNTY OF CRASH Polk	PLACE OR CITY OF CRASH Lakeland	CHECK IF WITHIN CITY LIMITS <input checked="" type="checkbox"/>
TIME ON SCENE 07:55AM	TIME CLEARED SCENE 11:30AM	CHECK IF COMPLETED <input type="checkbox"/>	REASON (If Investigation NOT Complete) THI Follow-up	Notified By: 1 Motorist 2 Law Enforcement <input checked="" type="checkbox"/>

ROADWAY INFORMATION (CHOOSE ONLY 1 OF 4 OPTIONS)				
CRASH OCCURRED ON STREET, ROAD, HIGHWAY Lake Hollingsworth Drive			AT STREET ADDRESS # 929	AT LATITUDE AND LOGITUDE
FEET 150	MILES	N S E W <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	AT / FROM INTERSECTION WITH STREET, ROAD, HIGHWAY Cleveland Heights BLVD	OR FROM MILEPOST #
Road System Identifier 5 Interstate 2 U.S. 3 State 4 County 5 Local 6 Turnpike/Toll 7 Forest Road 8 Private Roadway 9 Parking Lot 77 Other, Explain in Narrative		Type of Shoulder 1 Paved 2 Unpaved 3 Curb		Type of Intersection 1 Not at Intersection 2 Four-Way Intersection 3 T-Intersection 4 Y-Intersection 5 Traffic Circle 6 Roundabout 7 Five-Point, or More 77 Other, Explain in Narrative

CRASH INFORMATION (CHECK IF PICTURES TAKEN) <input checked="" type="checkbox"/>				
Light Condition 1 Daylight 2 Dusk 3 Dawn 4 Dark-Lighted 5 Dark-Not Lighted 6 Dark-Unknown Lighting 77 Other, Explain in Narrative 88 Unknown	Weather Condition 1 Clear 2 Cloudy 3 Rain 4 Fog, Smog, Smoke 5 Sleet/Hail/Freezing Rain 6 Blowing Sand, Soil, Dirt 7 Severe Crosswinds 77 Other, Explain in Narrative	Roadway Surface Condition 1 Dry 2 Wet 4 Ice/Frost 5 Oil 6 Mud, Dirt, Gravel 7 Sand 8 Water (standing/moving) 77 Other, Explain in Narrative 88 Unknown	School Bus Related 1 No 2 Yes, School Bus Directly Involved 3 Yes, School Bus Indirectly Involved	Manner of Collision/Impact 3 Front to Rear 2 Front to Front 3 Angle 4 Sideswipe, Same Direction 5 Sideswipe, Opposite Direction 6 Rear to Side 7 Rear to Rear 77 Other, Explain in Narrative 88 Unknown

First Harmful Event 11 1 No 2 Yes 88 Unknown	Non-Collision 1 Overturn/Rollover 2 Fire/Explosion 3 Immersion 4 Jackknife 5 Cargo/Equipment Loss or Shift 6 Fell/Jumped From Motor Vehicle 7 Thrown or Falling Object 8 Ran into Water/Canal 9 Other Non-Collision	Collision Non-Fixed Object 10 Pedestrian 11 Pedalcycle 12 Railway Vehicle (train, engine) 13 Animal 14 Motor Vehicle in Transport 15 Parked Motor Vehicle 16 Work Zone/Maintenance Equipment 17 Struck By Falling, Shifting Cargo 18 Other Non-Fixed Object	Collision with Fixed Object 19 Impact Attenuator/Crash Cushion 20 Bridge Overhead Structure 21 Bridge Pier or Support 22 Bridge Rail 23 Culvert 24 Curb 25 Ditch 26 Embankment 27 Guardrail Face 28 Guardrail End 29 Cable Barrier	First Harmful Event Location 1 On Roadway 2 Off Roadway 3 Shoulder 4 Median 6 Gore 7 Separator 8 In Parking Lane or Zone 9 Outside Right-of-way 10 Roadside 88 Unknown
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First Harmful Event Relation to Junction 1 Non-Junction 2 Intersection 3 Intersection-Related 4 Driveway/Alley Access Related 5 Railway Grade Crossing 14 Entrance/Exit Ramp 15 Crossover - Related 16 Shared-Use Path or Trail 17 Acceleration/Deceleration Lane 18 Through Roadway 77 Other, Explain in Narrative 88 Unknown	Contributing Circumstances: Road 1 None 4 Work Zone (construction/maintenance/utility) 6 Shoulders (none, low, soft, high) 7 Rut, Holes, Bumps 9 Worn, Travel-Polished Surface 10 Road Surface Condition (wet, icy, snow, slush, etc.) 11 Obstruction in Roadway 12 Debris 13 Traffic Control Device Inoperative, Missing or Obscured 14 Non-Highway Work 77 Other, Explain in Narrative 88 Unknown	Contributing Circumstances: Environment 1 None 2 Weather Conditions 3 Physical Obstruction(s) 4 Glare 5 Animal(s) in Roadway 77 Other, Explain in Narrative 88 Unknown
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Work Zone Related 1 No 2 Yes 88 Unknown	Crash in Work Zone 1 Before the First Work Zone Warning Sign 2 Advance Warning Area 3 Transition Area 4 Activity Area 5 Termination Area	Type of Work Zone 1 Lane Closure 2 Lane Shift/Crossover 3 Work on Shoulder or Median 4 Intermittent or Moving Work 77 Other, Explain in Narrative	Workers in Work Zone 1 No 2 Yes 88 Unknown	Law Enforcement in Work Zone 1 No 2 Officer Present 3 Law Enforcement Vehicle Only Present
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WITNESSES			
NAME	ADDRESS	CITY & STATE	ZIP CODE
NAME	ADDRESS	CITY & STATE	ZIP CODE
NAME	ADDRESS	CITY & STATE	ZIP CODE

NON VEHICLE PROPERTY DAMAGE							
VEHICLE #	PERSON #	PROPERTY DAMAGE - OTHER THAN VEHICLE	EST. AMOUNT	OWNER'S NAME <input type="checkbox"/> (Check if Business)	ADDRESS	CITY & STATE	ZIP CODE
VEHICLE #	PERSON #	PROPERTY DAMAGE - OTHER THAN VEHICLE	EST. AMOUNT	OWNER'S NAME <input type="checkbox"/> (Check if Business)	ADDRESS	CITY & STATE	ZIP CODE

VEHICLE # 1		Check if Commercial		REPORTING AGENCY CASE NUMBER 12-4113		HSMV CRASH REPORT NUMBER 91686611				
1 Vehicle in Transport 2 Parked Motor Vehicle 3 Working Vehicle		VEHICLE LICENSE NUMBER K619TN		STATE FL	REGISTRATION EXPIRES 2/3/13	Check if Permanent Registration <input checked="" type="checkbox"/>	VIN			
Hit and Run 1 No 2 Yes 88 Unknown	YEAR 1994	MAKE Ford	MODEL Ranger	STYLE Pickup	COLOR White	DAMAGE: 1 Disabling 2 Functional 3 None	4 Minor 88 Unknown	EST. AMOUNT 1500		
INSURANCE COMPANY MGA Insurance Company		INSURANCE POLICY NUMBER		Towed due to Damage: 1 No 2 Yes	VEHICLE REMOVED BY Webbs (Contract)		1 Rotation 2 Owner Request 3 Driver 4 Other, Explain in Narrative			
NAME OF VEHICLE OWNER (Check if Business)		CURRENT ADDRESS 502 Kansas Avenue		CITY & STATE Lakeland		ZIP CODE 33815				
TRAILER #	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration	VIN	YEAR	MAKE	LENGTH	AXLES	
TRAILER #	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration	VIN	YEAR	MAKE	LENGTH	AXLES	
VEHICLE TRAVELING N S E W Off-Road Unknown		ON STREET, ROAD, HIGHWAY Lake Hollingsworth Drive				AT EST. SPEED		POSTED SPEED	TOTAL LANES 3	
HAZ. MAT. RELEASED 1 No 2 Yes 88 Unknown	HAZ. MAT. PLACARD 1 No 2 Yes 88 Unknown	HAZ. MAT. NUMBER		HAZ. MAT. CLASS		Area of Initial Impact			Most Damaged Area	
MOTOR CARRIER NAME		US DOT NUMBER		MOTOR CARRIER ADDRESS			CITY & STATE		ZIP CODE	PHONE NUMBER
Vehicle Body Type		Trafficway		Commercial Motor Vehicle Configuration		Trailer Type		Cargo Body Type		
1 Passenger Car 2 Passenger Van 3 Pickup 7 Motor Home 8 Bus 11 Motorcycle 12 Moped 13 All Terrain Vehicle (ATV)		1 Two-Way, Not Divided 2 Two-Way, Not Divided, with a Continuous Left Turn Lane 3 Two-Way, Divided, Unprotected (painted >4 feet) Median 4 Two-Way, Divided, Positive Median Barrier 5 One-Way Trafficway 88 Unknown		1 Vehicle 10,000 lbs or less Placarded for Hazardous Materials 2 Single-Unit Truck (2-axle and GVWR more than 10,000 lbs (4,536 kg)) 3 Single-Unit Truck (3 or more axles) 4 Truck Pulling Trailer(s) 5 Truck Tractor (bobtail) 6 Truck Tractor/Semi-Trailer 7 Truck Tractor/Double Truck		1 Single Semi Trailer 2 Tandem Semi Trailer 3 Tank Trailer 4 Saddle Mount/Trailer 5 Boat Trailer 6 Utility Trailer 7 House Trailer		3 Van/Enclosed Box 4 Hopper 5 Pole-Trailer 6 Cargo Tank 7 Flatbed 8 Dump 9 Concrete Mixer 10 Auto Transport 11 Garbage/Refuse 12 Log		
Comm/Non-Commercial		Comm GVWR/GCWR		Collision with Non-Fixed Object		Collision Fixed Object		Emergency Vehicle Use		
1 Interstate Carrier 2 Intrastate Carrier 3 Not in Commerce/Government 4 Not in Commerce/Other Truck		1 10,000 lbs (4,536 kg) or less 2 10,001-26,000 lbs (4,536-11,793 kg) 3 More than 26,000 lbs (11,793 kg) 4 Not Applicable		10 Pedestrian 11 Pedalcycle 12 Railway Vehicle (train, engine) 13 Animal 14 Motor Vehicle in Transport 15 Parked Motor Vehicle 16 Work Zone/Maintenance Equipment 17 Struck By Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle 18 Other Non-Fixed Object		19 Impact Attenuator/Crash Cushion 20 Bridge Overhead Structure 21 Bridge Pier or Support 22 Bridge Rail 23 Culvert 24 Curb 25 Ditch 26 Embankment 27 Guardrail Face 28 Guardrail End		1 No 2 Yes 88 Unknown		
Most Harmful Event		Non-Collision		Vehicle Maneuver Action		Traffic Control Device for This Vehicle		Vehicle Defects		
14		1 Overturn/Rollover 2 Fire/Explosion 3 Immersion 4 Jackknife 5 Cargo/Equipment Loss or Shift 6 Fell/Jumped From Motor Vehicle 7 Thrown or Falling Object 8 Ran into Water/Canal 9 Other Non-Collision		1 Straight Ahead 2 Turning Left 3 Backing 4 Turning Right 5 Leaving Traffic Lane 6 Entering Traffic Lane 7 Other, Explain in Narrative 88 Unknown		1 No Controls 4 School Zone Sign/Device 5 Traffic Control Signal 6 Stop Sign 7 Yield Sign		1 None 2 Brakes 3 Tires 4 Lights (head, signal, tail) 5 Steering 6 Wipers 9 Exhaust System 10 Body, Doors 11 Power Train		
Sequence of Events		Roadway Grade		Roadway Alignment		Special Function of Motor Vehicle		VIOLATIONS		
1st 2nd 3rd 4th		1 Level 2 Hillcrest 3 Uphill 4 Downhill 5 Sag (bottom)		1 Straight 2 Curve Right 3 Curve Left		1 No Special Function 2 Farm Vehicle 3 Police 7 Taxi 8 Military		PERSON # NAME OF VIOLATOR FL STATUTE NUMBER CHARGE CITATION NUMBER		
[40-46 Sequence of Events only] 40 Equipment Failure (blown tire, brake failure, etc.) 41 Separation of Units 42 Ran Off Roadway, Right 43 Ran Off Roadway, Left 44 Cross Median 45 Cross Centerline 46 Downhill Runaway		1 Straight 2 Curve Right 3 Curve Left		9 Ambulance 10 Fire Truck 11 Farm Labor Transport 12 School Bus 13 Transit/Commuter Bus		12 Intercity Bus 15 Charter/Tour Bus 16 Shuttle Bus 17 Farm Labor Bus 88 Unknown		PERSON # NAME OF VIOLATOR FL STATUTE NUMBER CHARGE CITATION NUMBER		
Roadway Alignment		Special Function of Motor Vehicle		VIOLATIONS		PERSON # NAME OF VIOLATOR FL STATUTE NUMBER CHARGE CITATION NUMBER		PERSON # NAME OF VIOLATOR FL STATUTE NUMBER CHARGE CITATION NUMBER		

VEHICLE # 2		Check if Commercial <input type="checkbox"/>		REPORTING AGENCY CASE NUMBER 12-4113		HSMV CRASH REPORT NUMBER 91686611			
1 Vehicle in Transport 2 Parked Motor Vehicle 3 Working Vehicle		VEHICLE LICENSE NUMBER		STATE	REGISTRATION EXPIRES	Check if Permanent Registration <input type="checkbox"/>	VIN		
Hit and Run 1 No 2 Yes 88 Unknown		YEAR	MAKE	MODEL	STYLE	COLOR	DAMAGE: 1 Disabling 2 Functional 3 None 4 Minor 88 Unknown	EST. AMOUNT	
1		ORBEA	ORCA	26'	WHITE	1	1500		
INSURANCE COMPANY		INSURANCE POLICY NUMBER		Towed due to Damage: 1 No 2 Yes		VEHICLE REMOVED BY Webbs (Contract)			
NAME OF VEHICLE OWNER (Check if Business) <input type="checkbox"/>		CURRENT ADDRESS		CITY & STATE		ZIP CODE			
CECIL GEOFFREY VINING		826 SUMMERFIELD DRIVE		LAKE LAND		33803			
TRAILER #	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration <input type="checkbox"/>	VIN	YEAR	MAKE	LENGTH	AXLES
TRAILER #	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration <input type="checkbox"/>	VIN	YEAR	MAKE	LENGTH	AXLES
VEHICLE TRAVELING		ON STREET, ROAD, HIGHWAY		AT EST. SPEED		POSTED SPEED		TOTAL LANES	
LAKE HOLLINGSWORTH DRIVE		18		3					
HAZ. MAT. RELEASED		HAZ. MAT. PLACARD		HAZ. MAT. NUMBER		HAZ. MAT. CLASS		Area of Initial Impact	
1 No 2 Yes 88 Unknown		1 No 2 Yes 88 Unknown							
MOTOR CARRIER NAME		US DOT NUMBER		MOTOR CARRIER ADDRESS		CITY & STATE		ZIP CODE	
								PHONE NUMBER	
Vehicle Body Type		Trafficway		Commercial Motor Vehicle Configuration		Trailer Type		Cargo Body Type	
77		1				1		1	
1 Passenger Car 2 Passenger Van 3 Pickup 7 Motor Home 8 Bus 11 Motorcycle 12 Moped 13 All Terrain Vehicle (ATV)		15 Low Speed Vehicle 16 (Sport) Utility Vehicle 17 Cargo Van (10,000 lbs (4,536 kg) or less) 18 Motor Coach 19 Other Light Trucks (10,000 lbs (4,536 kg) or less) 20 Medium/Heavy Trucks (more than 10,000 lbs (4,536 kg)) 21 Farm Labor Vehicle 77 Other, Explain in Narrative 88 Unknown		1 Two-Way, Not Divided 2 Two-Way, Not Divided, with a Continuous Left Turn Lane 3 Two-Way, Divided, Unprotected (painted >4 feet) Median 4 Two-Way, Divided, Positive Median Barrier 5 One-Way Trafficway 88 Unknown		1 Vehicle 10,000 lbs or less Placarded for Hazardous Materials 2 Single-Unit Truck (2-axle and GVWR more than 10,000 lbs (4,536 kg)) 3 Single-Unit Truck (3 or more axles) 4 Truck Pulling Trailer(s) 5 Truck Tractor (bobtail) 6 Truck Tractor/Semi-Trailer 7 Truck Tractor/Double Truck		8 Tractor/Triples 9 Truck more than 10,000 lbs (4,536 kg), Cannot Classify 10 Bus/Large Van (seats for 9-15 occupants, including driver) 11 Bus (seats for more than 15 occupants, including driver) 77 Other, Explain in Narrative 88 Unknown	
Comm/Non-Commercial		Trailer Type		Comm GVWR/GCWR		Collision with Non-Fixed Object		Collision Fixed Object	
1 Interstate Carrier 2 Intrastate Carrier 3 Not in Commerce/Government 4 Not in Commerce/Other Truck		1 Single Semi Trailer 2 Tandem Semi Trailer 3 Tank Trailer 5 Saddle Mount/Trailer 6 Boat Trailer 7 Utility Trailer 8 House Trailer		1 10,000 lbs (4,536 kg) or less 2 10,001-26,000 lbs (4,536-11,793 kg) 3 More than 26,000 lbs (11,793 kg) 4 Not Applicable		10 Pedestrian 11 Pedalcycle 12 Railway Vehicle (train, engine) 13 Animal 14 Motor Vehicle in Transport 15 Parked Motor Vehicle 16 Work Zone/Maintenance Equipment 17 Struck By Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle 18 Other Non-Fixed Object		19 Impact Attenuator/Crash Cushion 20 Bridge Overhead Structure 21 Bridge Pier or Support 22 Bridge Rail 23 Culvert 24 Curb 25 Ditch 26 Embankment 27 Guardrail Face 28 Guardrail End	
Most Harmful Event		Non-Collision		Emergency Vehicle Use		Sequence of Events		Vehicle Defects	
11		1 Overturn/Rollover 2 Fire/Explosion 3 Immersion 4 Jackknife 5 Cargo/Equipment Loss or Shift 6 Fell/Jumped From Motor Vehicle 7 Thrown or Falling Object 8 Ran into Water/Canal 9 Other Non-Collision		1		1 No 2 Yes 88 Unknown		1	
Roadway Grade		Roadway Alignment		Vehicle Maneuver Action		Traffic Control Device for This Vehicle		Vehicle Defects	
1		1		1		1		1	
1 Level 2 Hillcrest 3 Uphill 4 Downhill 5 Sag (bottom)		1 Straight 2 Curve Right 3 Curve Left		1 Straight Ahead 2 Turning Left 3 Backing 4 Turning Right 5 Leaving Traffic Lane 6 Entering Traffic Lane 7 Other, Explain in Narrative 88 Unknown		8 Flashing Signal 9 Railway Crossing Device 10 Person (including Flagman, Officer, Guard, etc.) 13 Warning Sign 77 Other, Explain in Narrative 88 Unknown		1 None 2 Brakes 3 Tires 4 Lights (head, signal, tail) 5 Steering 6 Exhaust System 7 Wipers 88 Unknown	
Special Function of Motor Vehicle		1 No Special Function 2 Farm Vehicle 3 Police 7 Taxi 8 Military		9 Ambulance 10 Fire Truck 11 Farm Labor Transport 12 School Bus 13 Transit/Commuter Bus		14 Intercity Bus 15 Charter/Tour Bus 16 Shuttle Bus 17 Farm Labor Bus 88 Unknown		12 Suspension 13 Wheels 14 Windows/Windshield 15 Mirrors 16 Truck Coupling/Trailer Hitch/Safety Chains 77 Other, Explain in Narrative 88 Unknown	
VIOLATIONS									
PERSON #	NAME OF VIOLATOR			FL STATUTE NUMBER		CHARGE		CITATION NUMBER	
PERSON #	NAME OF VIOLATOR			FL STATUTE NUMBER		CHARGE		CITATION NUMBER	
PERSON #	NAME OF VIOLATOR			FL STATUTE NUMBER		CHARGE		CITATION NUMBER	

VEHICLE #		Check if Commercial		REPORTING AGENCY CASE NUMBER		HSMV CRASH REPORT NUMBER	
3				12-4113		91686611	
1. Vehicle in Transport 2. Parked Motor Vehicle 3. Working Vehicle		VEHICLE LICENSE NUMBER		STATE	REGISTRATION EXPIRES	Check if Permanent Registration	VIN
1							
Hit and Run 1. No 2. Yes 88. Unknown		YEAR	MAKE	MODEL	STYLE	COLOR	DAMAGE 1. Disabling 2. Functional 3. None 4. Minor 88. Unknown
1			LEMOND	TOURMALET	BICYCLE	BLUE	2
INSURANCE COMPANY		INSURANCE POLICY NUMBER		Towed due to Damage: 1. No 2. Yes		VEHICLE REMOVED BY Driver	
				1			
NAME OF VEHICLE OWNER (Check if Business)		CURRENT ADDRESS		CITY & STATE		ZIP CODE	
JOSEPH RICHARD KELLY		2600 HARDEN BLVD #71		LAKELAND		33803	
TRAILER #	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration	VIN	YEAR	MAKE
TRAILER #	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration	VIN	YEAR	MAKE
VEHICLE TRAVELING		ON STREET, ROAD, HIGHWAY		AT EST. SPEED		POSTED SPEED	
N S E W Off-Road Unknown		LAKE HOLLINGSWORTH DRIVE		18			
HAZ. MAT. RELEASED 1. No 2. Yes 88. Unknown		HAZ. MAT. PLACARD 1. No 2. Yes 88. Unknown		HAZ. MAT. NUMBER		HAZ. MAT. CLASS	
1		1					
MOTOR CARRIER NAME		US DOT NUMBER		Area of Initial Impact		Most Damaged Area	
MOTOR CARRIER ADDRESS		CITY & STATE		ZIP CODE		PHONE NUMBER	
Vehicle Body Type		Trafficway		Commercial Motor Vehicle Configuration		Trailer Type	
77		1					
1 Passenger Car 2 Passenger Van 3 Pickup 7 Motor Home 8 Bus 11 Motorcycle 12 Moped 13 All Terrain Vehicle (ATV)		15 Low Speed Vehicle 16 (Sport) Utility Vehicle 17 Cargo Van (10,000 lbs (4,536 kg) or less) 18 Motor Coach 19 Other Light Trucks (10,000 lbs (4,536 kg) or less) 20 Medium/Heavy Trucks (more than 10,000 lbs (4,536 kg)) 21 Farm Labor Vehicle 77 Other, Explain in Narrative 88 Unknown		1 Two-Way, Not Divided 2 Two-Way, Not Divided, with a Continuous Left Turn Lane 3 Two-Way, Divided, Unprotected (painted >4 feet) Median 4 Two-Way, Divided, Positive Median Barrier 5 One-Way Trafficway 88 Unknown		1 Vehicle 10,000 lbs or less Placarded for Hazardous Materials 2 Single-Unit Truck (2-axle and GVWR more than 10,000 lbs (4,536 kg)) 3 Single-Unit Truck (3 or more axles) 4 Truck Pulling Trailer(s) 5 Truck Tractor (bobtail) 6 Truck Tractor/Semi-Trailer 7 Truck Tractor/Double Truck	
Comm/Non-Commercial		Trailer Type		Cargo Body Type		Emergency Vehicle Use	
1 Interstate Carrier 2 Intrastate Carrier 3 Not in Commerce/Government 4 Not in Commerce/Other Truck		1 Single Semi Trailer 2 Tandem Semi Trailer 3 Tank Trailer 4 Saddle Mount/Trailer 5 Boat Trailer 6 Utility Trailer 7 House Trailer		3 Van/Enclosed Box 4 Hopper 5 Pole-Trailer 6 Cargo Tank 7 Flatbed 8 Dump 9 Concrete Mixer 10 Auto Transport 11 Garbage/Refuse 12 Log		13 Intermodal Container Chassis 14 Vehicle Towing Another Vehicle 15 Not Applicable (vehicle 10,000 lbs (4,536kg) or less not displaying HM placard) 77 Other, Explain in Narrative 88 Unknown	
Most Harmful Event		Collision with Non-Fixed Object		Collision Fixed Object		Emergency Vehicle Use	
11		10 Pedestrian 11 Pedalcycle 12 Railway Vehicle (train, engine) 13 Animal 14 Motor Vehicle in Transport 15 Parked Motor Vehicle 16 Work Zone/Maintenance Equipment 17 Struck By Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle 18 Other Non-Fixed Object		19 Impact Attenuator/Crash Cushion 20 Bridge Overhead Structure 21 Bridge Pier or Support 22 Bridge Rail 23 Culvert 24 Curb 25 Ditch 26 Embankment 27 Guardrail Face 28 Guardrail End		1 No 2 Yes 88 Unknown	
Sequence of Events		Vehicle Maneuver Action		Traffic Control Device for This Vehicle		Vehicle Defects	
1st 2nd 3rd 4th		1 Straight Ahead 3 Turning Left 4 Backing 5 Turning Right 6 Changing Lanes 8 Parked 10 Making U-Turn 11 Overtaking/Passing		1 No Controls 4 School Zone Sign/Device 5 Traffic Control Signal 6 Stop Sign 7 Yield Sign		1 None 2 Brakes 3 Tires 4 Lights (head, signal, tail) 6 Steering 7 Wipers 9 Exhaust System 10 Body, Doors 11 Power Train	
Roadway Grade		Roadway Alignment		Special Function of Motor Vehicle		Vehicle Defects	
1 Level 2 Hillcrest 3 Uphill 4 Downhill 5 Sag (bottom)		1 Straight 2 Curve Right 3 Curve Left		1 No Special Function 2 Farm Vehicle 3 Police 7 Taxi 8 Military		12 Suspension 13 Wheels 14 Windows/Windshield 15 Mirrors 16 Truck Couplings/Trailer Hitch/Safety Chains 77 Other, Explain in Narrative 88 Unknown	
1		1		1		1	
VIOLATIONS							
PERSON #	NAME OF VIOLATOR		FL STATUTE NUMBER		CHARGE		CITATION NUMBER
PERSON #	NAME OF VIOLATOR		FL STATUTE NUMBER		CHARGE		CITATION NUMBER
PERSON #	NAME OF VIOLATOR		FL STATUTE NUMBER		CHARGE		CITATION NUMBER

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PERSON # 1		REPORTING AGENCY CASE NUMBER 12-4113		HSMV CRASH REPORT NUMBER 91686611	
1 Driver 2 Non-Motorist 3 Passenger 1		VEHICLE # 1 NAME Candido Burgos		PHONE NUMBER [REDACTED] Check if Recommend Driver Re-exam []	
CURRENT ADDRESS (Number and Street) 502 Kansas Avenue		CITY & STATE Lakeland		ZIP CODE 33815	
DATE OF BIRTH 02/03/51		SEX: 1 Male 2 Female 88 Unknown 1		DRIVER LICENSE NUMBER B622-100-51-034-0	
STATE FL		EXPIRES 02/03/2018		INJURY SEVERITY (INJ) 1 None 2 Possible 3 Non-incapacitating 4 Incapacitating 5 Fatal (within 30 days) 6 Non-Traffic Fatality 1	
DRIVER					
DL Type 5 1 A 2 B 3 C 4 D/Chauffeur 5 E/Operator 6 E/Oper - Rest 7 None		Required Endorsements 2 1 Yes 2 No 3 No Req. Endorsement		Driver's Actions at Time of Crash 1st 3 1 No Contributing Action 2 Operated MV in Careless or Negligent Manner 3 Failed to Yield Right-of-Way 4 Improper Backing 6 Improper Turn 10 Followed too Closely 11 Ran Red Light 12 Drove too Fast for Conditions 13 Ran Stop Sign 15 Improper Passing 17 Exceeded Posted Speed 21 Wrong Side of Wrong Way 25 Failed to Keep in Proper Lane 26 Ran off Roadway 27 Disregarded other Traffic Sign 28 Disregarded Other Road Markings 29 Over-Correcting/Over-Steering 30 Swerved or Avoided : Due to Wind, Slippery Surface, MV, Object, Non-Motorist in Roadway, etc. 31 Operated MV in Erratic, Reckless or Aggressive Manner 77 Other Contributing Action	
Driver Distracted By 1 1 Not Distracted 2 Electronic Communication Devices (cell phone, etc.) 3 Other Electronic Device (navigation device, DVD player)		4 Other Inside the Vehicle (explain in narrative) 5 External Distraction (outside the vehicle, explain in narrative) 6 Texting 7 Inattentive 88 Unknown		Condition At Time of Crash 1 1 Apparently Normal 2 Asleep or Fatigued 3 Ill (sick) or Fainted 6 Seizure, Epilepsy, Blackout 7 Physically Impaired 8 Emotional (depression, angry, disturbed, etc.) 9 Under the Influence of Medications/Drugs/Alcohol 77 Other, Explain in Narrative 88 Unknown	
Driver Vision Obstructions 1 1 Vision Not Obscured 2 Inclement Weather 3 Parked/Stopped Vehicle 4 Trees/Crops/Bushes		5 Load on Vehicle 6 Building/Fixed Object 7 Signs/Billboards 8 Fog 9 Smoke 10 Glare 77 All Other, Explain in Narrative		DRIVER OR PASSENGER	
Motor Vehicle Seating Position: LOCATION: (LOC) SEAT ROW OTHER 1 1		Helmet Use (HU) 3 1 DOT-Compliant Motorcycle Helmet 2 Other Helmet 3 No Helmet		Eye Protection (EP) 3 1 Yes 2 No 3 Not Applicable	
Seat Row Other 1 Left 1 Front 1 Not Applicable 2 Middle 2 Second 2 Sleeper Section of Truck Cab 3 Right 3 Third 3 Other Enclosed Cargo Area 77 Other 4 Fourth 4 Unenclosed Cargo Area 88 Unknown 77 Other Row 5 Trailing Unit 88 Unknown 88 Unknown 6 Riding on Motor Vehicle Exterior (non-trailing unit) 88 Unknown		Ejection (EJECT) 4 1 Not Ejected 2 Ejected, Totally 3 Ejected, Partially 4 Not Applicable 88 Unknown		Air Bag Deployed (ABD) 2 1 Not Applicable 2 Not Deployed 3 Deployed-Front 4 Deployed-Side 5 Deployed-Other (knee, air belt, etc.) 6 Deployed-Combination 7 Deployed-Curtain 88 Deployment Unknown	
NON-MOTORIST					
Non-Motorist Description 1 Pedestrian 2 Other Pedestrian (wheelchair, person in a building, skater, pedestrian conveyance, etc.) 3 Bicyclist 4 Other Cyclist 5 Occupant of Motor Vehicle Not in Transport (parked, etc.) 6 Occupant of a Non-Motor Vehicle Transportation Device 7 Unknown Type of Non-Motorist		Non-Motorist Location At Time of Crash 1 Intersection - Marked Crosswalk 2 Intersection - Unmarked Crosswalk 3 Intersection - Other 4 Midblock - Marked Crosswalk 5 Travel Lane - Other Location 6 Bicycle Lane 7 Shoulder/Roadside 8 Sidewalk 9 Median/Crossing Island 10 Driveway Access 11 Shared-Use Path or Trail 12 Non-Trafficway Area 77 Other, Explain in Narrative 88 Unknown		Action Prior to Crash 1 Crossing Roadway 2 Waiting to Cross Roadway 3 Walking/Cycling Along Roadway with Traffic (in or adjacent to travel lane) 4 Walking/Cycling Along Roadway Against Traffic (in or adjacent to travel lane) 5 Walking/Cycling on Sidewalk 6 In Roadway - Other (working, playing, etc.) 7 Adjacent to Roadway (e.g., shoulder, median) 8 Going to or from School (K-12) 9 Working in Trafficway (incident response) 10 None 77 Other, Explain in Narrative 88 Unknown	
Safety Equipment 1 None 2 Helmet 3 Protective Pads Used (elbows, knees, shins, etc.) 4 Reflective Clothing (jacket, backpack, etc.) 5 Lighting 6 Not Applicable 77 Other, Explain in Narrative 88 Unknown		Non-Motorist Actions/Circumstances 1st 1 No Improper Action 2 Dart/Dash 3 Failure to Yield Right-of-Way 4 Failure to Obey Traffic Signs, Signals, or Officer 5 In Roadway Improperly (standing, lying, working, playing) 6 Disabled Vehicle Related (working on, pushing, leaving/approaching) 7 Entering/Exiting Parked/Standing Vehicle 8 Inattentive (talking, eating, etc.) 9 Not Visible (dark clothing, no lighting, etc.)		10 Improper Turn/Merge 11 Improper Passing 12 Wrong-Way Riding or Walking 77 Other, Explain in Narrative 88 Unknown	
ALCOHOL/DRUGS/EMS					
SUSPECTED ALCOHOL USE: 1 No 2 Yes 88 Unknown 1		ALCOHOL TESTED: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested 1		ALCOHOL TEST TYPE: 1 Blood 2 Breath 3 Urine 77 Other, Explain in Narrative 1	
SUSPECTED DRUG USE: 1 No 2 Yes 88 Unknown 88		DRUG TESTED: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested 3		DRUG TEST TYPE: 1 Blood 2 Urine 77 Other, Explain in Narrative 1	
DRUG TEST RESULT: 1 Positive 2 Negative 3 Pending 88 Unknown 3		SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown		EMS AGENCY NAME OR ID EMS RUN NUMBER MEDICAL FACILITY TRANSPORTED TO	
ADDITIONAL PASSENGERS					
PERSON # VEHICLE # NAME		DATE OF BIRTH		INJ SEX LOC: S R O EJECT HU EP ABD RS	
CURRENT ADDRESS (Number and Street)		CITY & STATE		ZIP CODE	
SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown		EMS AGENCY NAME OR ID		EMS RUN NUMBER MEDICAL FACILITY TRANSPORTED TO	
PERSON # VEHICLE # NAME		DATE OF BIRTH		INJ SEX LOC: S R O EJECT HU EP ABD RS	
CURRENT ADDRESS (Number and Street)		CITY & STATE		ZIP CODE	
SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown		EMS AGENCY NAME OR ID		EMS RUN NUMBER MEDICAL FACILITY TRANSPORTED TO	

PERSON # 2		REPORTING AGENCY CASE NUMBER 12-4113		HSMV CRASH REPORT NUMBER 91686611	
1 Driver 2 Non-Motorist 3 Passenger		VEHICLE # 2	NAME CECIL GEOFFREY VINING		PHONE NUMBER
CURRENT ADDRESS (Number and Street) 826 SUMMERFIELD DRIVE			CITY & STATE LAKELAND		ZIP CODE 33803
DATE OF BIRTH 11-25-49	SEX: 1 Male 2 Female 88 Unknown	DRIVER LICENSE NUMBER V552-107-49-425-0	STATE FL	EXPIRES 11/25/13	INJURY SEVERITY (INJ) 1 None 2 Possible 3 Non-incapacitating 4 Incapacitating 5 Fatal (within 30 days) 6 Non-Traffic Fatality
DRIVER					
DL Type 5 1 A 2 B 3 C 4 D/Chauffeur 5 E/Operator 6 E/Oper - Rest 7 None		Required Endorsements 1 1 Yes 2 No 3 No Req. Endorsement		Driver's Actions at Time of Crash 1 1st 1 No Contributing Action 2 Operated MV in Careless or Negligent Manner 3 Failed to Yield Right-of-Way 4 Improper Backing 5 Improper Turn 6 Followed too Closely 7 Ran Red Light 8 Drove too Fast for Conditions 9 Ran Stop Sign 10 Improper Passing 11 Exceeded Posted Speed 12 Wrong Side of Wrong Way 13 Failed to Keep in Proper Lane 26 Ran off Roadway 27 Disregarded other Traffic Sign 28 Disregarded Other Road Markings 29 Over-Correcting/Over-Steering 30 Swerved or Avoided : Due to Wind, Slippery Surface, MV, Object, Non-Motorist in Roadway, etc. 31 Operated MV in Erratic, Reckless or Aggressive Manner 32 Other Contributing Action	
Driver Distracted By 1 1 Not Distracted 2 Electronic Communication Devices (cell phone, etc.) 3 Other Electronic Device (navigation device, DVD player)		Other Inside the Vehicle (explain in narrative) 5 External Distraction (outside the vehicle, explain in narrative) 6 Texting 7 Inattentive 88 Unknown		Condition At Time of Crash 1 1 Apparently Normal 2 Asleep or Fatigued 3 Ill (sick) or Fainted 4 Seizure, Epilepsy, Blackout 5 Physically Impaired 6 Emotional (depression, angry, disturbed, etc.) 7 Under the Influence of Medications/Drugs/Alcohol 77 Other, Explain in Narrative 88 Unknown	
Driver Vision Obstructions 1 1 Vision Not Obscured 2 Inclement Weather 3 Parked/Stopped Vehicle 4 Trees/Crops/Bushes		Load on Vehicle 5 Load on Vehicle 6 Building/Fixed Object 7 Signs/Billboards 8 Fog		Smoke 9 Smoke 10 Glare 77 All Other, Explain in Narrative	
DRIVER OR PASSENGER					
Motor Vehicle Seating Position: 77 Seat 1 Left 2 Middle 3 Right 77 Other (explain in narrative) 88 Unknown		LOCATION: (LOC) 77 SEAT 77 ROW 77 OTHER 3		Helmet Use (HU) 2 1 DOT-Compliant Motorcycle Helmet 2 Other Helmet 3 No Helmet	
Ejection (EJECT) 1 1 Not Ejected 2 Ejected, Totally 3 Ejected, Partially 4 Not Applicable 88 Unknown		Air Bag Deployed (ABD) 1 1 Not Applicable 2 Not Deployed 3 Deployed-Front 4 Deployed-Side		Eye Protection (EP) 1 1 Yes 2 No 3 Not Applicable	
Restraint Systems (RS) 1 1 Not Applicable 2 None Used - Motor Vehicle Occupant 3 Shoulder and Lap Belt Used 4 Shoulder Belt Only Used 5 Lap Belt Only Used 6 Restraint Used - Type Unknown 7 Child Restraint System - Forward Facing 8 Child Restraint System - Rear Facing 9 Booster Seat 10 Child Restraint Type Unknown 77 Other, Explain in Narrative					
NON-MOTORIST					
Non-Motorist Description 3 1 Pedestrian 2 Other Pedestrian (wheelchair, person in a building, skater, pedestrian conveyance, etc.) 3 Bicyclist 4 Other Cyclist 5 Occupant of Motor Vehicle Not in Transport (parked, etc.) 6 Occupant of a Non-Motor Vehicle Transportation Device 7 Unknown Type of Non-Motorist		Non-Motorist Location At Time of Crash 6 1 Intersection - Marked Crosswalk 2 Intersection - Unmarked Crosswalk 3 Intersection - Other 4 Midblock - Marked Crosswalk 5 Travel Lane - Other Location 6 Bicycle Lane 7 Shoulder/Roadside 8 Sidewalk 9 Median/Crossing Island 10 Driveway Access 11 Shared-Use Path or Trail 12 Non-Trafficway Area 77 Other, Explain in Narrative 88 Unknown		Action Prior to Crash 3 1 Crossing Roadway 2 Waiting to Cross Roadway 3 Walking/Cycling Along Roadway with Traffic (in or adjacent to travel lane) 4 Walking/Cycling Along Roadway Against Traffic (in or adjacent to travel lane) 5 Walking/Cycling on Sidewalk 6 In Roadway - Other (working, playing, etc.) 7 Adjacent to Roadway (e.g., shoulder, median) 8 Going to or from School (K-12) 9 Working in Trafficway (incident response) 10 None 77 Other, Explain in Narrative 88 Unknown	
Safety Equipment 2 1 None 2 Helmet 3 Protective Pads Used (elbows, knees, shins, etc.) 4 Reflective Clothing (jacket, backpack, etc.) 5 Lighting 6 Not Applicable 77 Other, Explain in Narrative 88 Unknown		Non-Motorist Actions/Circumstances 1 1st 1 No Improper Action 2 Dart/Dash 3 Failure to Yield Right-of-Way 4 Failure to Obey Traffic Signs, Signals, or Officer 5 In Roadway Improperly (standing, lying, working, playing) 6 Disabled Vehicle Related (working on, pushing, leaving/approaching) 7 Entering/Exiting Parked/Standing Vehicle 8 Inattentive (talking, eating, etc.) 9 Not Visible (dark clothing, no lighting, etc.)			
ALCOHOL/DRUGS/EMS					
SUSPECTED ALCOHOL USE: 1 No 2 Yes 88 Unknown		ALCOHOL TESTED: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested		ALCOHOL TEST TYPE: 1 Blood 2 Breath 3 Urine 77 Other, Explain in Narrative	
SUSPECTED DRUG USE: 1 No 2 Yes 88 Unknown		DRUG TESTED: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested		DRUG TEST TYPE: 1 Blood 2 Urine 77 Other, Explain in Narrative	
DRUG TEST RESULT: 1 Positive 2 Negative 3 Pending 88 Unknown					
SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative		EMS AGENCY NAME OR ID POLK EMS		EMS RUN NUMBER 120012364	
MEDICAL FACILITY TRANSPORTED TO Lakeland Regional Medical Center					
ADDITIONAL PASSENGERS					
PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX
CURRENT ADDRESS (Number and Street)		CITY & STATE		ZIP CODE	
SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative		EMS AGENCY NAME OR ID		EMS RUN NUMBER	
MEDICAL FACILITY TRANSPORTED TO					
PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX
CURRENT ADDRESS (Number and Street)		CITY & STATE		ZIP CODE	
SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative		EMS AGENCY NAME OR ID		EMS RUN NUMBER	
MEDICAL FACILITY TRANSPORTED TO					

PERSON # 3		REPORTING AGENCY CASE NUMBER 12-4113		HSMV CRASH REPORT NUMBER 91686611	
1 Driver 2 Non-Motorist 3 Passenger		VEHICLE # 3		NAME Joseph Richard Kelly	
PHONE NUMBER		Check if Recommended Driver Re-exam			
CURRENT ADDRESS (Number and Street) 2600 Harden BLVD # 71				CITY & STATE Lakeland	
ZIP CODE 33803					
DATE OF BIRTH 09-27-1950		SEX: 1 Male 2 Female 88 Unknown		DRIVER LICENSE NUMBER K400-496-50-347-0	
STATE FL		EXPIRES 09/27/18		INJURY SEVERITY (INJ) 1 None 2 Possible 3 Non-Incapacitating 4 Incapacitating 5 Fatal (within 30 days) 6 Non-Traffic Fatality	
DRIVER					
DL Type 1 A 2 B 3 C 4 D/Chauffeur 5 E/Operator 6 E/Oper - Rest 7 None		Required Endorsements 1 Yes 2 No 3 No Req. Endorsement		Driver's Actions at Time of Crash	
1		1		1	
Driver Distracted By 1 Not Distracted 2 Electronic Communication Devices (cell phone, etc.) 3 Other Electronic Device (navigation device, DVD player)		4 Other Inside the Vehicle (explain in narrative) 5 External Distraction (outside the vehicle, explain in narrative) 6 Texting 7 Inattentive 88 Unknown		Condition At Time of Crash 1 Apparently Normal 2 Asleep or Fatigued 3 Ill (sick) or Fainted 4 Seizure, Epilepsy, Blackout 5 Physically Impaired 6 Emotional (depression, angry, disturbed, etc.) 7 Under the Influence of Medications/Drugs/Alcohol 77 Other, Explain in Narrative 88 Unknown	
Driver Vision Obstructions 1 Vision Not Obscured 2 Inclement Weather 3 Parked/Stopped Vehicle 4 Trees/Crops/Bushes		5 Load on Vehicle 6 Building/Fixed Object 7 Signs/Billboards 8 Fog		9 Smoke 10 Glare 77 All Other, Explain in Narrative	
DRIVER OR PASSENGER					
Motor Vehicle Seating Position:		LOCATION (LOC) SEAT ROW OTHER 77 77 3		Helmet Use (HU) 1 DOT-Compliant Motorcycle Helmet 2 Other Helmet 3 No Helmet	
Seat 1 Left 2 Middle 3 Right 77 Other (explain in narrative) 88 Unknown		Row 1 Front 2 Second 3 Third 4 Fourth 77 Other Row 88 Unknown		Eye Protection (EP) 1 Yes 2 No 3 Not Applicable	
Other 1 Not Applicable 2 Sleeper Section of Truck Cab 3 Other Enclosed Cargo Area 4 Unenclosed Cargo Area 5 Trailing Unit 6 Riding on Motor Vehicle Exterior (non-trailing unit) 88 Unknown		Ejection (EJECT) 1 Not Ejected 2 Ejected, Totally 3 Ejected, Partially 4 Not Applicable 88 Unknown		Air Bag Deployed (ABD) 1 Not Applicable 2 Not Deployed 3 Deployed-Front 4 Deployed-Side 5 Deployed-Other (knee, air belt, etc.) 6 Deployed-Combination 7 Deployed-Curtain 88 Deployment Unknown	
NON-MOTORIST					
Non-Motorist Description 1 Pedestrian 2 Other Pedestrian (wheelchair, person in a building, skater, pedestrian conveyance, etc.) 3 Bicyclist 4 Other Cyclist 5 Occupant of Motor Vehicle Not in Transport (parked, etc.) 6 Occupant of a Non-Motor Vehicle Transportation Device 7 Unknown Type of Non-Motorist		Non-Motorist Location At Time of Crash 1 Intersection - Marked Crosswalk 2 Intersection - Unmarked Crosswalk 3 Intersection - Other 4 Midblock - Marked Crosswalk 5 Travel Lane - Other Location 6 Bicycle Lane 7 Shoulder/Roadside 8 Sidewalk 9 Median/Crossing Island 10 Driveway Access 11 Shared-Use Path or Trail 12 Non-Trafficway Area 77 Other, Explain in Narrative 88 Unknown		Action Prior to Crash 1 Crossing Roadway 2 Waiting to Cross Roadway 3 Walking/Cycling Along Roadway with Traffic (in or adjacent to travel lane) 4 Walking/Cycling Along Roadway Against Traffic (in or adjacent to travel lane) 5 Walking/Cycling on Sidewalk 6 In Roadway - Other (working, playing, etc.) 7 Adjacent to Roadway (e.g., shoulder, median) 8 Going to or from School (K-12) 9 Working in Trafficway (incident response) 10 None 77 Other, Explain in Narrative 88 Unknown	
Safety Equipment 1 None 2 Helmet 3 Protective Pads Used (elbows, knees, shins, etc.) 4 Reflective Clothing (jacket, backpack, etc.) 5 Lighting 6 Not Applicable 77 Other, Explain in Narrative 88 Unknown		Non-Motorist Actions/Circumstances 1 No Improper Action 2 Dart/Dash 3 Failure to Yield Right-of-Way 4 Failure to Obey Traffic Signs, Signals, or Officer 5 In Roadway Improperly (standing, lying, working, playing) 6 Disabled Vehicle Related (working on, pushing, leaving/approaching) 7 Entering/Exiting Parked/Standing Vehicle 8 Inattentive (talking, eating, etc.) 9 Not Visible (dark clothing, no lighting, etc.)		10 Improper Turn/Merge 11 Improper Passing 12 Wrong-Way Riding or Walking 77 Other, Explain in Narrative 88 Unknown	
ALCOHOL/DRUGS/EMS					
SUSPECTED ALCOHOL USE: 1 No 2 Yes 88 Unknown		ALCOHOL TESTED: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested		ALCOHOL TEST TYPE: 1 Blood 2 Breath 3 Urine 77 Other, Explain in Narrative	
ALCOHOL TEST RESULT: 1 Pending 2 Completed 88 Unknown		BAC		SUSPECTED DRUG USE: 1 No 2 Yes 88 Unknown	
DRUG TESTED: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested		DRUG TEST TYPE: 1 Blood 3 Urine 77 Other, Explain in Narrative		DRUG TEST RESULT: 1 Positive 2 Negative 3 Pending 88 Unknown	
SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative		EMS AGENCY NAME OR ID EMS		EMS RUN NUMBER ES120012364	
MEDICAL FACILITY TRANSPORTED TO Lakeland Regional Medical					
ADDITIONAL PASSENGERS					
PERSON #		VEHICLE #		NAME	
DATE OF BIRTH		INJ		SEX	
LOC: S R O		EJECT		HU EP ABD RS	
CURRENT ADDRESS (Number and Street)		CITY & STATE		ZIP CODE	
SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative		EMS AGENCY NAME OR ID		EMS RUN NUMBER	
MEDICAL FACILITY TRANSPORTED TO					
PERSON #		VEHICLE #		NAME	
DATE OF BIRTH		INJ		SEX	
LOC: S R O		EJECT		HU EP ABD RS	
CURRENT ADDRESS (Number and Street)		CITY & STATE		ZIP CODE	
SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative		EMS AGENCY NAME OR ID		EMS RUN NUMBER	
MEDICAL FACILITY TRANSPORTED TO					

PERSON #		4		REPORTING AGENCY CASE NUMBER		12-4113		HSMV CRASH REPORT NUMBER		91686611	
1- Driver		2		VEHICLE #		4		NAME		Kenneth Ray Black	
2 Non-Motorist		2		3 Passenger				PHONE NUMBER		[REDACTED]	
3 Passenger								Check if Recommend Driver Re-exam		<input type="checkbox"/>	
CURRENT ADDRESS (Number and Street)						CITY & STATE			ZIP CODE		
5017 Log Cabin Drive						Lakeland FL			33810		
DATE OF BIRTH		06/01/1965		SEX:		1 Male 2 Female 88 Unknown		1		DRIVER LICENSE NUMBER	
										B420-516-65-201-0	
										STATE	
										FL	
										EXPIRES	
										06/01/12	
										INJURY SEVERITY (INI)	
										1 None 2 Possible 3 Non-incapacitating 4 Incapacitating 5 Fatal (within 30 days) 6 Non-Traffic Fatality	
										1	
DRIVER											
DL Type			Required Endorsements			Driver's Actions at Time of Crash			Condition At Time of Crash		
5			2			1st			3rd		
1 A 2 B 3 C 4 D/Chauffeur 5 E/Operator 6 E/Oper-- Rest 7 None			1 Yes 2 No 3 No Req. Endorsement			1 No Contributing Action 2 Operated MV in Careless or Negligent Manner 3 Failed to Yield Right-of-Way 4 Improper Backing 5 Improper Turn 6 Followed too Closely 7 Ran Red Light 8 Drove too Fast for Conditions 9 Ran Stop Sign 10 Improper Passing 11 Exceeded Posted Speed 12 Wrong Side of Wrong Way 13 Failed to Keep in Proper Lane 14 Ran off Roadway 15 Disregarded other Traffic Sign 16 Disregarded Other Road Markings 17 Over-Correcting/Over-Steering 18 Swerved or Avoided : Due to Wind, Slippery Surface, MV, Object, Non-Motorist in Roadway, etc. 19 Operated MV in Erratic, Reckless or Aggressive Manner 20 Other Contributing Action			1 Apparently Normal 2 Asleep or Fatigued 3 Ill (sick) or Fainted 4 Seizure, Epilepsy, Blackout 5 Physically Impaired 6 Emotional (depression, angry, disturbed, etc.) 7 Under the Influence of Medications/Drugs/Alcohol 8 Other, Explain in Narrative 9 Unknown		
1			1 Not Distracted 2 Electronic Communication Devices (cell phone, etc.) 3 Other Electronic Device (navigation device, DVD player)			2nd			4th		
1			4 Other Inside the Vehicle (explain in narrative) 5 External Distraction (outside the vehicle, explain in narrative) 6 Texting 7 Inattentive 8 Unknown								
Driver Vision Obstructions			1 Vision Not Obscured 2 Inclement Weather 3 Parked/Stopped Vehicle 4 Trees/Crops/Bushes			5 Load on Vehicle 6 Building/Fixed Object 7 Signs/Billboards 8 Fog			9 Smoke 10 Glare 11 All Other, Explain in Narrative		
1											
DRIVER OR PASSENGER											
Motor Vehicle Seating Position:			LOCATION: (LOC)			SEAT			ROW		
						77			77		
Other			3								
1 Left 2 Middle 3 Right 4 Other (explain in narrative) 5 Unknown			1 Front 2 Second 3 Third 4 Fourth 5 Other Row 6 Unknown 7 Unknown			1 Not Applicable 2 Sleeper Section of Truck Cab 3 Other Enclosed Cargo Area 4 Unenclosed Cargo Area 5 Trailing Unit 6 Riding on Motor Vehicle Exterior (non-trailing unit) 7 Unknown			1 Not Applicable 2 None Used - Motor Vehicle Occupant 3 Shoulder and Lap Belt Used 4 Shoulder Belt Only Used 5 Lap Belt Only Used 6 Restraint Used - Type Unknown 7 Child Restraint System - Forward Facing 8 Child Restraint System - Rear Facing 9 Booster Seat 10 Child Restraint Type Unknown 11 Other, Explain in Narrative		
1						Ejection (EJECT)			Air Bag Deployed (ABD)		
1			1 Not Ejected 2 Ejected, Totally 3 Ejected, Partially 4 Not Applicable 5 Unknown			1			1 Not Applicable 2 Not Deployed 3 Deployed-Front 4 Deployed-Side 5 Deployed-Other (knee, air belt, etc.) 6 Deployed-Combination 7 Deployed-Curtain 8 Deployment Unknown		
NON-MOTORIST											
Non-Motorist Description			Non-Motorist Location At Time of Crash			Action Prior to Crash					
3			6			3					
1 Pedestrian 2 Other Pedestrian (wheelchair, person in a building, skater, pedestrian conveyance, etc.) 3 Bicyclist 4 Other Cyclist 5 Occupant of Motor Vehicle Not in Transport (parked, etc.) 6 Occupant of a Non-Motor Vehicle Transportation Device 7 Unknown Type of Non-Motorist			1 Intersection - Marked Crosswalk 2 Intersection - Unmarked Crosswalk 3 Intersection - Other 4 Midblock - Marked Crosswalk 5 Travel Lane - Other Location 6 Bicycle Lane 7 Shoulder/Roadside 8 Sidewalk 9 Median/Crossing Island 10 Driveway Access 11 Shared-Use Path or Trail 12 Non-Trafficway Area 13 Non-Trafficway Area 14 Other, Explain in Narrative 15 Unknown			1 Crossing Roadway 2 Waiting to Cross Roadway 3 Walking/Cycling Along Roadway with Traffic (in or adjacent to travel lane) 4 Walking/Cycling Along Roadway Against Traffic (in or adjacent to travel lane) 5 Walking/Cycling on Sidewalk 6 In Roadway - Other (working, playing, etc.) 7 Adjacent to Roadway (e.g., shoulder, median) 8 Going to or from School (K-12) 9 Working in Trafficway (incident response) 10 None 11 Other, Explain in Narrative 12 Unknown					
Safety Equipment			Non-Motorist Actions/Circumstances								
1 None 2 Helmet 3 Protective Pads Used (elbows, knees, shins, etc.) 4 Reflective Clothing (jacket, backpack, etc.) 5 Lighting 6 Not Applicable 7 Other, Explain in Narrative 8 Unknown			1 No Improper Action 2 Dart/Dash 3 Failure to Yield Right-of-Way 4 Failure to Obey Traffic Signs, Signals, or Officer 5 In Roadway Improperly (standing, lying, working, playing) 6 Disabled Vehicle Related (working on, pushing, leaving/approaching) 7 Entering/Exiting Parked/Standing Vehicle 8 Inattentive (talking, eating, etc.) 9 Not Visible (dark clothing, no lighting, etc.) 10 Improper Turn/Merge 11 Improper Passing 12 Wrong-Way Riding or Walking 13 Other, Explain in Narrative 14 Unknown								
ALCOHOL/DRUGS/EMS											
SUSPECTED ALCOHOL USE:			ALCOHOL TESTED:			ALCOHOL TEST TYPE:			SUSPECTED DRUG USE:		
1 No 2 Yes 3 Unknown			1 Test Not Given 2 Test Refused 3 Test Given 4 Unknown, if Tested			1 Blood 2 Breath 3 Urine 4 Other, Explain in Narrative			1 No 2 Yes 3 Unknown		
1			1			1			1		
SOURCE OF TRANSPORT TO MEDICAL FACILITY			EMS AGENCY NAME OR ID			EMS RUN NUMBER			MEDICAL FACILITY TRANSPORTED TO		
1 Not Transported 2 EMS 3 Law Enforcement 4 Other, Explain in Narrative			1								
ADDITIONAL PASSENGERS											
PERSON #		VEHICLE #		NAME		DATE OF BIRTH		INJ		SEX	
CURRENT ADDRESS (Number and Street)						CITY & STATE			ZIP CODE		
SOURCE OF TRANSPORT TO MEDICAL FACILITY						EMS AGENCY NAME OR ID			MEDICAL FACILITY TRANSPORTED TO		
1 Not Transported 2 EMS 3 Law Enforcement 4 Other, Explain in Narrative						1					
PERSON #		VEHICLE #		NAME		DATE OF BIRTH		INJ		SEX	
CURRENT ADDRESS (Number and Street)						CITY & STATE			ZIP CODE		
SOURCE OF TRANSPORT TO MEDICAL FACILITY						EMS AGENCY NAME OR ID			MEDICAL FACILITY TRANSPORTED TO		
1 Not Transported 2 EMS 3 Law Enforcement 4 Other, Explain in Narrative						1					

NARRATIVE			REPORTING AGENCY CASE NUMBER 12-4113		HSMV CRASH REPORT NUMBER 91686611	
<p>I was dispatched to a traffic crash with serious injuries. Based on witness statements it was determined that three (3) bicyclists were travelling west bound on the south side of Lake Hollingsworth Drive, before a white truck turned in front of them causing a crash. All three cyclists were injured, two were transported to Lakeland Regional Medical Center. One cyclist was critically injured.</p> <p>The investigation was turned over to THI Officer Catalano #145 for further investigation.</p>						
ADDITIONAL PASSENGERS						
PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S R O EJECT HU EP ABD RS
CURRENT ADDRESS (Number and Street)			CITY & STATE		ZIP CODE	
SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown		EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO		
PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S R O EJECT HU EP ABD RS
CURRENT ADDRESS (Number and Street)			CITY & STATE		ZIP CODE	
SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown		EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO		
ADDITIONAL VIOLATIONS						
PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER		
PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER		
REPORTING OFFICER						
ID/BADGE NUMBER 196	RANK & NAME Officer Desouza		DEPARTMENT Lakeland Police Department		FHP <input type="checkbox"/> SO <input type="checkbox"/> PD <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	

DIAGRAM

REPORTING AGENCY CASE NUMBER
12-4113

HSMV CRASH REPORT NUMBER
91686611

